

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-876)

SERIAL NO.
107018008

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2		1		
4		1				
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
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17	1					
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TOTAL IND.	1		2			
TOTAL DEP.		1		1		
TOTAL CLAIMS	1	1	2	1		
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